

**REPORT OF UNEXCUSED SCHOOL ABSENCES**

(Defined in KSA 72-977, 72-1111, & 72-1113)

USD #: \_\_\_\_\_ School: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
(Not Necessarily Designated Reporter)

Semester: ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> Dates Absent: \_\_\_\_\_

Grade: \_\_\_\_\_ Number of Previous Reports: \_\_\_\_\_

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Last First M

Parent(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

The items checked below have been initialed by this school in an effort to correct this student's attendance problem: (Mark N/A if item is inapplicable)

☐ The student has been made aware of his/her attendance record and has been encouraged to attend school regularly.

☐ The student's parent/guardian has been notified the child has an attendance problem.

Dates: \_\_\_\_\_

The student has been referred to his/her counselor \_\_\_\_\_ times this semester regarding regular school attendance.

☐ Conference(s) has/have been held with the student's parent/guardian regarding the student's attendance record.

Dates: \_\_\_\_\_

☐ The student's class schedule has been reviewed.

☐ A staff review has been held for this student.

Dates: \_\_\_\_\_

☐ The student's case has been referred to the school social worker.

☐ The student has been referred to the school psychologist.

☐ Someone from school has visited the student's home.

☐ The student and/or his/her family has been referred to a community agency or organization for assistance in regular school attendance.

Additional Notes: \_\_\_\_\_

**PLANNED ACTION:** Use this space to inform local DCF staff of any action steps being taken with the student/family to correct the attendance problem which may or may not require DCF participation.

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**BACKGROUND INFORMATION:** Use this space to briefly describe in general terms any circumstances in the home which relate to student's attendance problems. (i.e., unemployment, illness, divorce, death in the family, etc.)

**SPECIFIC CONCERNS:** Use this space to briefly describe specific problems related to this child.

Signature of Designated Reporter: \_\_\_\_\_

Date: \_\_\_\_\_

DISTRIBUTION: White - DCF; Pink - Parent/Custodian; Yellow – School

